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7590

09/17/2004

CHRISTENSEN O'CONNOR
JOHNSON & KINDNESS
2800 PACIFIC FIRST CENTRE
1420 FIFTH AVENUE
SEATTLE, WA 98101-2347

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Carole Julian

(Depositor's name)

Carole Julian

(Signature)

December 16, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/423,575

01/27/2000

SJEF SMEEKENS

ARNO114646

6916

TITLE OF INVENTION: PLANT GENE CONSTRUCTS AND THEIR USE

12/23/2004 JADD02 00000059 09423575

01 FC:1501

1400.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330
\$1400

\$0

\$1330
\$1400

12/17/2004

EXAMINER	ART UNIT	CLASS-SUBCL ASS
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CHUNDURU, SURYAPRABHA

1637

435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Christensen O'Connor

1 Johnson Kindness PLLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Advanta Seeds B.V.

Kapelle, Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☒ A check in the amount of the fee(s) is enclosed. (Check No. 160196)☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1740 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Karen Blöchliger, Ph.D.

Typed or printed name

Date December 16, 2004

Registration No. 41,395

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